

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO.  | DATE     |
|---------------------------|----------|---------|----------|
| FEE DETERMINATION         |          |         |          |
| O.I.P.E. CLASSIFIER       |          | 8       | 01/17/01 |
| FORMALITY REVIEW          | BZ       | TC3-883 | 01-24-01 |
| RESPONSE FORMALITY REVIEW | TZ       | 3C947   | 03/05/01 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1     | ✓     |          |      |
| 2     | ✓     |          |      |
| 3     | ✓     |          |      |
| 4     | ✓     |          |      |
| 5     | ✓     |          |      |
| 6     | ✓     |          |      |
| 7     | ✓     |          |      |
| 8     | ✓     |          |      |
| 9     | ✓     |          |      |
| 10    | ✓     |          |      |
| 11    | 0     |          |      |
| 12    | 0     |          |      |
| 13    | 0     |          |      |
| 14    | ✓     |          |      |
| 15    | ✓     |          |      |
| 16    | ✓     |          |      |
| 17    | ✓     |          |      |
| 18    | ✓     |          |      |
| 19    | 0     |          |      |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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